

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **9146926**

FILED DATE **20 DEC 1999**

APPLICANT(S) **Self**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51								
2		1		1			52								
3		1		1			53								
4		1		1			54								
5		1		1			55								
6		1		1			56								
7		1		1			57								
8		1		1			58								
9		1		1			59								
10		1		1			60								
11		1		1			61								
12		1		1			62								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		1				TOTAL IND.								
TOTAL DEP.	12		11				TOTAL DEP.								
TOTAL CLAIMS	13		12				TOTAL CLAIMS								